



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

the application of)
)
Oliver Lerch) Docket No.: P-US-PR 1082
)
Serial No.: 10/660,241) Group Art Unit: 2833
)
Filed: Sept. 11, 2003) Examiner: Tsukerman, Larisa Z.
)
For: ELECTRICAL EXTENSION LEAD)

Commissioner for Patents
Alexandria, VA 22313-1450

**SECOND SUPPLEMENTAL
INFORMATION DISCLOSURE STATEMENT**

Commissioner:

In compliance with 37 C.F.R. §§ 1.56, 1.97, 1.98 and MPEP §609(e)(1), applicants hereby disclose additional documents listed on the attached Form PTO-1449. The items listed in this disclosure were received on May 14, 2004 along with the European Search Report for the foreign counterpart application, a copy of which is attached, including copies of the foreign documents.

Respectfully Submitted,

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May 26, 2004

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FORM**

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/660,241
	Filing Date	09/11/2003
	First Named Inventor	Oliver Lerch
	Art Unit	2833
	Examiner Name	Tsukerman, Larisa Z.
Total Number of Pages in This Submission	Attorney Docket Number	P-US-PR 1082

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): return postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michael P. Leary
Signature	
Date	May 26, 2004

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